PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10766429

CLAIMS AS FILED - PART I						SMALL ENTITY			OTHER THAN		
۲ <u>۰,</u>	TAL OLAINAS		(Column	11) (C	Column 2)	TYPE [OR	SMALL	ENTITY	
TOTAL CLAIMS			34			RATE	FEE]	RATE	FEE	
FC	OR .		NUMBER	FILED N	JMBER EXTRA	BASIC FEE	385.00	OR	BASIC FEE	770.00	
TC	OTAL CHARGE	ABLE CLAIMS	34 mir	34 minus 20= * 1		X\$ 9=		OR	X\$18=		
	DEPENDENT CI		1	minus 3 =		X43=	_	OR	X86=		
ML	JLTIPLE DEPEN	NDENT CLAIM PI	RESENT	RESENT		+145=	·	OR	+290=		
* If the difference in column 1 is less than zero, enter "0" in co					in column 2	TOTAL	†	OR	TOTAL		
	C	CLAIMS AS A		<u>-</u>	_	OTHER	THAN				
	-	(Column 1)		(Column 2)) (Column 3)	SMALL	ENTITY	OR	SMALL	ENTITY	
AMENDMENT A	,	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NON	Total	*	Minus	**	=	XS 9=		OR	X\$18=		
AME	Independent	*	Minus	***	=	X43=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					+145=			+290=		
						TOTAL		OR	TOTAL		
			ADDIT. FEE		OR ,	ADDIT. FEE					
		(Column 1)	T	(Column 2) HIGHEST) (Column 3)		1221				
AMENDMENT B		REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT Y EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NON	Total	*	Minus	**	=	X\$ 9=		OR	X\$18=		
ME	Inaependent	*	Minus	###	=	X43=		OR	X86=		
	FIRST PRESE	NTATION OF MU	JLTIPLE DEP	ENDENT CLA	IM 🗌			1			
+145=								OR	+290=		
					. •	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	·	
		(Column 1)		(Column 2)	(Column 3)			_			
ENTC		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NON	Total	*	Minus	**	=	X\$ 9=		OR	X\$18=		
AMENDMENT	Independent	<u> </u>	Minus	***	. = .	X43=		-	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					1		OR			
• H	f the entay in colur	== 1 is lose than th	in anh	0	-1 6	+145=		OR	+290=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."								OR A	TOTAL ADDIT, FEE		
***	'f the "Highest Nur.	What Dravinitely Da.	A CAP IN THIC		· 7 ^ 7 "						